

ANNUAL REPORT

FY 2016 - 2017

WHAT IS LERN?

The Louisiana Emergency Response Network (LERN) is an agency of state government created by the Louisiana Legislature in 2004 charged with the responsibility of developing and maintaining a statewide system of care coordination for patients suddenly stricken by serious traumatic injury or time-sensitive illness (such as heart attack or stroke). It is a system also designated to serve as a vital healthcare resource in the face of larger scale emergencies and natural disasters.

For the patients LERN serves – victims of trauma, heart attack, stroke, and individuals caught in large scale emergencies and natural disasters – getting to the right place at the right time to receive the right care is a matter of life or death. LERN's mission is to build and continuously improve systems that help make sure Louisiana citizens have timely access to the care they need.

Stay informed with up-to-date information on the LERN organization, statistics from the LERN Communications Center, and an archive of past LERN Annual Reports and LERN e-newsletters at the LERN website: lern.la.gov.

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LETTER FROM THE EXECUTIVE DIRECTOR



Wednesday June 14, 2017 started for me like most workdays – get the kids off to school then start my daily 45-minute commute to LERN’s headquarters in Baton Rouge. I heard the breaking news story in my car. A lone gunman had walked to a baseball field in the suburbs of Washington D.C. and opened fire on group of Congressman practicing for Congress’s annual charity baseball game. The news report indicated several people were seriously injured, including Louisiana Representative Steve Scalise who serves as the Majority Whip of the United States House of Representatives.

My “LERN instincts” immediately led me to wonder about the emergency response. I knew that those wounded on the ballfield would need two things to optimize their chances for survival and recovery. First, they needed people on the scene who were willing and able to help staunch the bleeding until EMS arrived. Second, they needed timely access to a Level I or Level II Trauma Center. Fortunately, there were people on that ballfield that morning who knew the importance of STOP THE BLEED and helped to limit blood loss until EMS arrived. The victims then received the definitive care they needed at a Level I Trauma Center nearby.

Senseless events like the “ballfield shooting” all too regularly remind us that effective, coordinated emergency response can save the critically injured. Today, we can gratefully point to Representative Scalise as a walking testament to that fact.

LERN is committed to the annual challenge of maintaining and strengthening Louisiana’s systems of care coordination for traumatic injury and time-sensitive illness. Our progress in the past year includes the addition of two new additions to Louisiana’s statewide trauma network. In June 2017, Lakeview Regional Medical Center in Covington earned Level III Trauma Center designation by the state after completing the multiyear effort required to master the trauma center verification process administered by the American College of Surgeons (ACS). Louisiana now has six hospitals that have earned the trauma center designation from the Louisiana Department of Health. Additionally, Lake Charles Memorial Hospital has formally begun the ACS trauma center verification process and is now recognized by LERN as a Level III trauma program.

Michael Sutherland, MD, FACS joined the LERN team in June 2017 as the new LERN Trauma Medical Director. Dr. Sutherland brings a wealth of trauma center and statewide trauma system experience to his LERN leadership role, and as his annual report message (see page 11) makes clear, he is off to a great start.

The LERN State Trauma Plan was adopted by the LERN board in 2017. Years in development, this document serves as a compendium that describes how LERN is organized and how it operates. The LERN State Trauma Plan allows stakeholders across Louisiana to better understand how LERN serves Louisiana, and it provides the jumping off points for our efforts to improve LERN’s performance.

LERN also updated hospital attestations for Louisiana’s Stroke and STEMI (the deadliest form of heart attack) care coordination systems. These updates make clear what Stroke and STEMI care capabilities are present in Louisiana’s participating hospitals.

Finally, I am proud to report LERN is helping lead the STOP THE BLEED effort in Louisiana. STOP THE BLEED is a national campaign that encourages average citizens to become trained, equipped, and empowered to help in a bleeding emergency before the professional emergency responders arrive on scene. the STOP THE BLEED goal is to limit the damage done by bleeding emergencies. It is a simple but lifesaving service that most citizens can learn to provide ... and any one of us could one-day need.

This annual report displays the work of LERN’s Board, Medical Directors, staff, Regional Commissioners, and LERN stakeholder organizations (large and small) that can be found across Louisiana. Together, they epitomize the collaborative spirit essential to effective emergency response.

Paige Hargrove

Paige Hargrove, BSN, RN
 Executive Director
 LERN



2016 – 2017 BOARD OF DIRECTORS

II

EXECUTIVE COMMITTEE

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Chief Medical Officer

C&M Medical Services

LERN Nominating Entity: Louisiana American College of Emergency Physicians

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Vice-Chairman of the Board

Professor of Surgery, Trauma Medical Director

Louisiana State University Health Sciences Center – Shreveport

LERN Nominating Entity: Louisiana State University Health Sciences Center – Shreveport

Tracy Wold

Treasurer of the Board

Director of Operations

Pafford Emergency Medical Services

LERN Nominating Entity: Louisiana Rural Ambulance Alliance

John P. Hunt, MD, MPH, FACS

Immediate Past Chairman of the Board

Professor of Surgery

Louisiana State University Health Sciences Center – New Orleans

LERN Nominating Entity: Louisiana State University Health Sciences Center – New Orleans

Coletta Barrett, RN, FACHE

Executive Committee Member

Vice President of Mission

Our Lady of the Lake Regional Medical Center

LERN Nominating Entity: Louisiana Alliance of Information and Referral Systems

Jimmy Guidry, MD

Executive Committee Member

State Health Officer

Louisiana Department of Health

LERN Nominating Entity: Louisiana Department of Health

BOARD MEMBERS

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Owner

Dr. Cynthia W. Baker, OD Eye Clinic

LERN Nominating Entity:

Optometry Association of Louisiana

Honorable Regina Ashford Barrow

Senator

Louisiana State Senate

LERN Nominating Entity: Louisiana State Senate

Billy Conerly

Director of Emergency Department
and Clinical Services

Lane Regional Medical Center

LERN Nominating Entity: Louisiana Hospital
Association – Service District Hospital

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Coroner

Jefferson Parish

LERN Nominating Entity:

Louisiana State Coroners Association

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Pediatric Surgeon

Women's and Children's Hospital – Lafayette

LERN Nominating Entity:

Louisiana State Medical Society

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Assistant Clinical Professor Of Orthopaedic Surgery

Baton Rouge Orthopaedic Clinic

LERN Nominating Entity:

Louisiana State Medical Society

Christopher Guilbeaux

Deputy Director of Preparedness,

Response & Interoperability

Louisiana Governor's Office of Homeland

Security and Emergency Preparedness

LERN Nominating Entity: Louisiana Governor's Office
of Homeland Security and Emergency Preparedness

Honorable Frank A. Hoffmann

Representative

Louisiana House of Representatives

LERN Nominating Entity:

Louisiana House of Representatives

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Trauma Medical Director

Our Lady of the Lake Regional Medical Center

LERN Nominating Entity: Committee on Trauma,
American College of Surgeons

Danita LeBlanc

Program Manager

Louisiana Department of Health

LERN Nominating Entity:

Louisiana Department of Health

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President and Chief Executive Officer

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Tulane University Health Sciences Center

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Trauma Program Manager

University Health – Shreveport

LERN Nominating Entity:

Louisiana State Board of Nursing

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Representative
Louisiana House of Representatives
LERN Nominating Entity:
Louisiana House of Representatives

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Touro Infirmary Hospital
LERN Nominating Entity: Louisiana Hospital
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Ochsner Clinic Foundation
LERN Nominating Entity: Louisiana Chapter of the
American College of Cardiology

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Deputy Director
National Emergency Number Association
LERN Nominating Entity: National Emergency
Number Association

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Senator
Louisiana State Senate
LERN Nominating Entity: Louisiana State Senate

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Ochsner Medical Center
LERN Nominating Entity:
Metropolitan Hospital Council

Karen O. Wyble, RN, BSN, MHA, MBA

Chief Operating Officer
St. Martin Hospital
LERN Nominating Entity: Rural Hospital Coalition

Richard M. Zweifler, MD

Chairman, Department of Neurology
Ochsner Health Systems, Neurology Department
LERN Nominating Entity: American Stroke Association

Other Nominating Entities:

Louisiana Association of EMS Physicians – Medical
Louisiana Medical Association

TRAUMA SYSTEM UPDATE



A MESSAGE FROM

MICHAEL SUTHERLAND, MD, FACS

LERN TRAUMA MEDICAL DIRECTOR



It is my pleasure to offer this report as the new Trauma Medical Director for Louisiana's Network of Trauma Centers and programs. In 2017, I was recruited to assume the role that was formerly held by Dr. Robert (Bob) Coscia from 2010 to 2016. Having served as a Trauma Medical Director in two centers in Arkansas, my leadership role in the Arkansas Trauma System and my roles within the American College of Surgeons Committee on Trauma afforded me the experience

necessary to fill this role which as so capably held by Dr. Coscia in the past.

My goals for Louisiana's Trauma System, as noted during my interviews, were to expand the coverage of the Trauma Centers and programs in the state, improve the performance improvement activities of the LERN System, and to leverage the data of the Trauma System to better inform participants and the program leadership of the benefits and opportunities of the system. Since starting in June, I am happy to report our progress in these important areas of system development.

Building on the framework of the existing Trauma System we have had numerous success in growing the system.

- Lakeview Medical Center in Region 9 was verified by the American College of Surgeons (ACS) and has been designated as a Level III Trauma Center.
- Lafayette General Medical Center in Region 4 is scheduled for a verification visit in April.
- St Tammany Hospital in Region 9 is scheduled for an ACS Consultative site survey and are working toward their verification visit.
- A new Level III Trauma Program at Lake Charles Memorial Hospital, serving the needs of Region 5.
- We have met with facilities in the only remaining regions without Trauma Centers or Programs, Regions 3 and 8.
- We have had three hospitals successfully complete reverification site surveys demonstrating ongoing commitment to the care of the trauma patient and the trauma system: New Orleans University Medical Center (Level I), University Hospital in Shreveport (Level I), and Rapides Regional Medical Center in Alexandria (Level II).

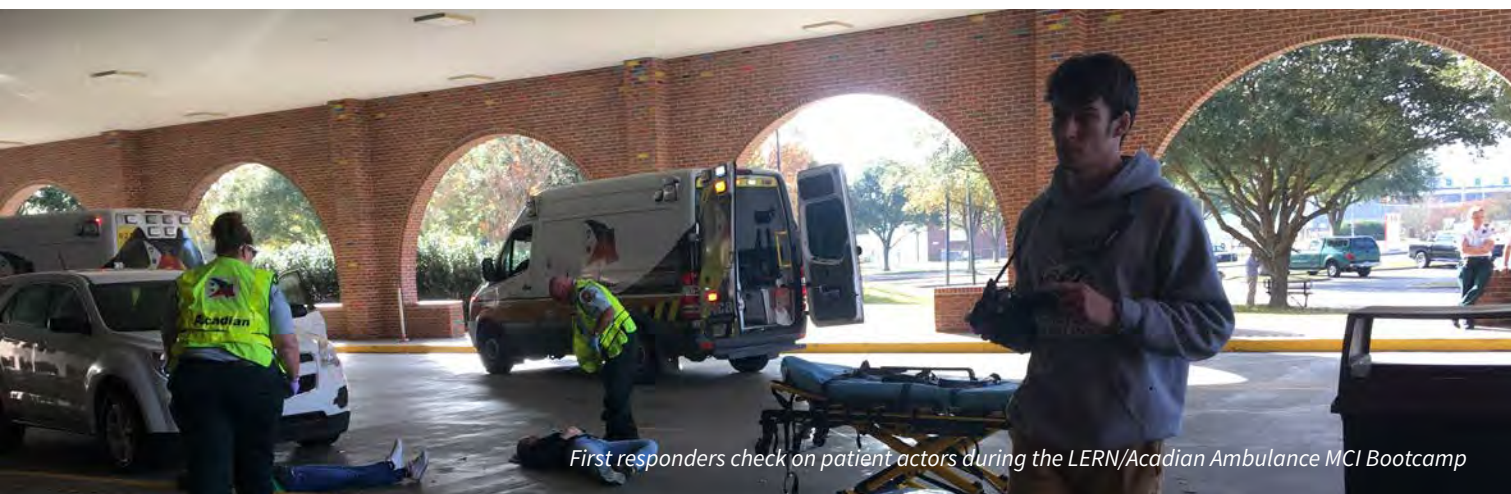
(CONTINUED)

We are bringing together the trauma medical directors and nurse leaders from all of the trauma centers in the state to form a performance improvement group. We have joined the ACS Trauma Quality Improvement Program as a collaborative of trauma centers. Participation in this program will allow us to use risk adjusted data to identify best practices and improve outcomes throughout Louisiana. Other states that participate in this collaborate have seen dramatic improvement in the survival and reduction of complications in trauma patients. With this new program, we anticipate the same results for Louisiana.

For years we have collected data from pre-hospital providers and hospital trauma registries. In 2017, we evaluated the increase in the number of trauma patients in the trauma registry and noted a significant reduction in deaths despite the increase in the number patients. **This statistically significant difference was attributable to the improvements in the trauma system and the increase in the number of trauma centers taking care of patients in the local regions.**

These registries have been in place for several years and we have identified an opportunity to leverage the data contained in the Trauma Data Registry and the Emergency Medical Services Data Registry to improve data analysis and care. We are initiating a pilot program to link the data between these data sets so that we can provide outcomes feedback and benchmarking data to the pre-hospital providers. Once we successfully evaluate this pilot program we anticipate expanding this across the state to and further expand our benchmarking and performance improvement activities.

Our statewide trauma system is strong and we are dedicated to building on our existing strength to demonstrate the value of the system, improve care for our citizens, and expand the availability of the system to cover as many people in the state as possible. I am looking forward to continuing to work with LERN and the Louisiana Trauma System to expand the impact of trauma system and continue to improve the access and quality of trauma care for Louisiana.



First responders check on patient actors during the LERN/Acadian Ambulance MCI Bootcamp

STATEWIDE COVERAGE

In 2017, Louisiana added another American College of Surgeons (ACS) verified trauma center to the statewide Trauma System. Lakeview Regional Medical Center was designated as a Level III Trauma Center – the first Level III center in the state. For the first time, the Louisiana trauma system has six ACS verified trauma centers. When LERN began in 2004, there were only two trauma centers in Louisiana – a Level I Trauma Center in Shreveport and a Level I Trauma Center in New Orleans.

The six verified trauma centers in Louisiana are:

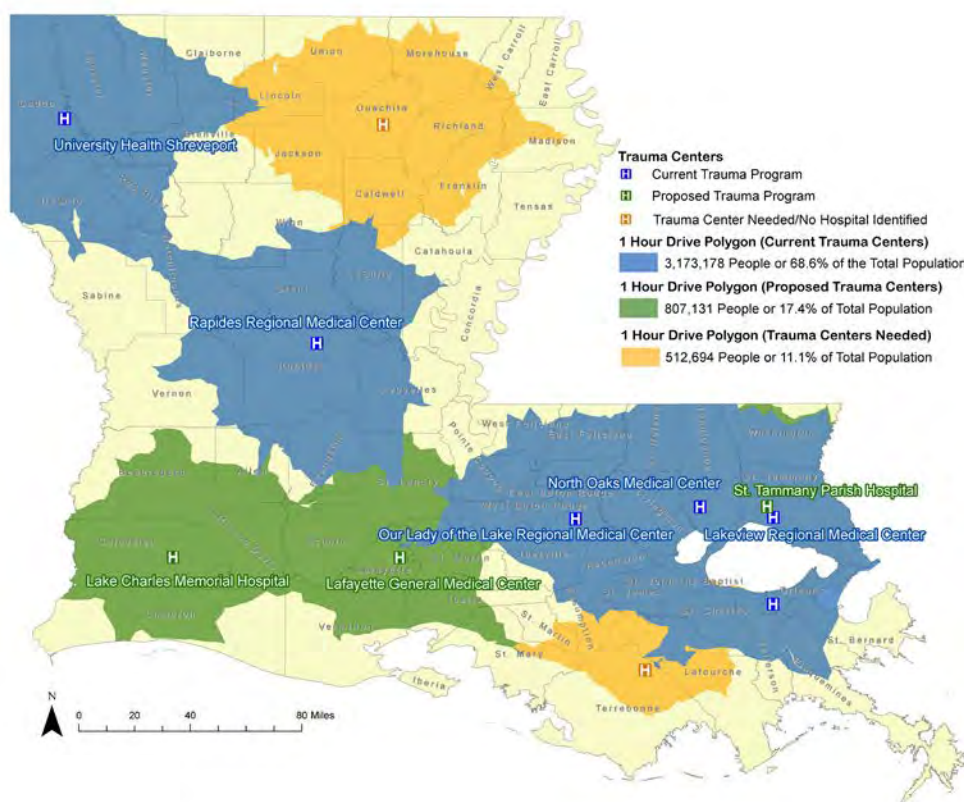
- University Health Shreveport (Level I Trauma Center)
- University Medical Center – New Orleans (Level I Trauma Center)
- North Oaks Medical Center in Hammond (Level II Trauma Center)
- Our Lady of the Lake Regional Medical Center in Baton Rouge (Level II Trauma Center)
- Rapides Regional Medical Center in Alexandria (Level II Trauma Center)
- Lakeview Regional Medical Center in Covington (Level III Trauma Center)

These six trauma centers provide 3.17 million citizens or 68.6% of Louisiana's population with access to a trauma center within a one-hour drive time.

The addition of Lakeview Regional Medical Center brings Louisiana closer to the LERN Board's vision of establishing an ACS verified trauma center in each of the Louisiana Department of Health's nine regions. Accomplishing this strategic priority would place the majority (97% of Louisiana's citizens) within one hour of a trauma center – commonly referred to as the "golden hour." Trauma system planners across the country regard the golden hour as the gold standard for patient access to definitive care.

Figure 1 depicts Louisiana's ideal trauma system which includes current trauma centers (illustrated in blue) proposed trauma centers (illustrated in green), and additional needed trauma centers (illustrated in gold).

FIGURE 1
2017 STATEWIDE
TRAUMA
COVERAGE
(WITHIN 1-HOUR
DRIVE TIME)



“ The reviews are in and the [Trauma Nursing Core Curriculum] course you led deserves an Oscar. Each of my co-workers have come to me praising the class, the knowledge gained, and how you re-affirmed their passion for nursing. The timing was perfect for our staff. I look forward to working with you in the fall. ”

RENEE CARUSO, BSN, RN, CEN
BATON ROUGE GENERAL

THE LERN COMMUNICATION CENTER

LERN's mission is to defend the public health, safety, and welfare by protecting the people of Louisiana from unnecessary deaths and morbidity due to trauma and time-sensitive illness. In accordance with this mission, the LERN Communication Center (LCC) serves as the core resource of LERN's logistical operation.

When a pre-hospital provider (EMS) or hospital determines a patient meets trauma criteria as defined by the LERN Trauma Destination Protocol, the LCC is engaged to match the patient to the hospital with the most appropriate level of care. The LCC utilizes the Resource Management Tool in Louisiana's ESF-8 Portal to match patients to the most appropriate hospital resources. Trauma patients typically need the specialized care of general surgeons, orthopedic surgeons, and/or neurosurgeons.

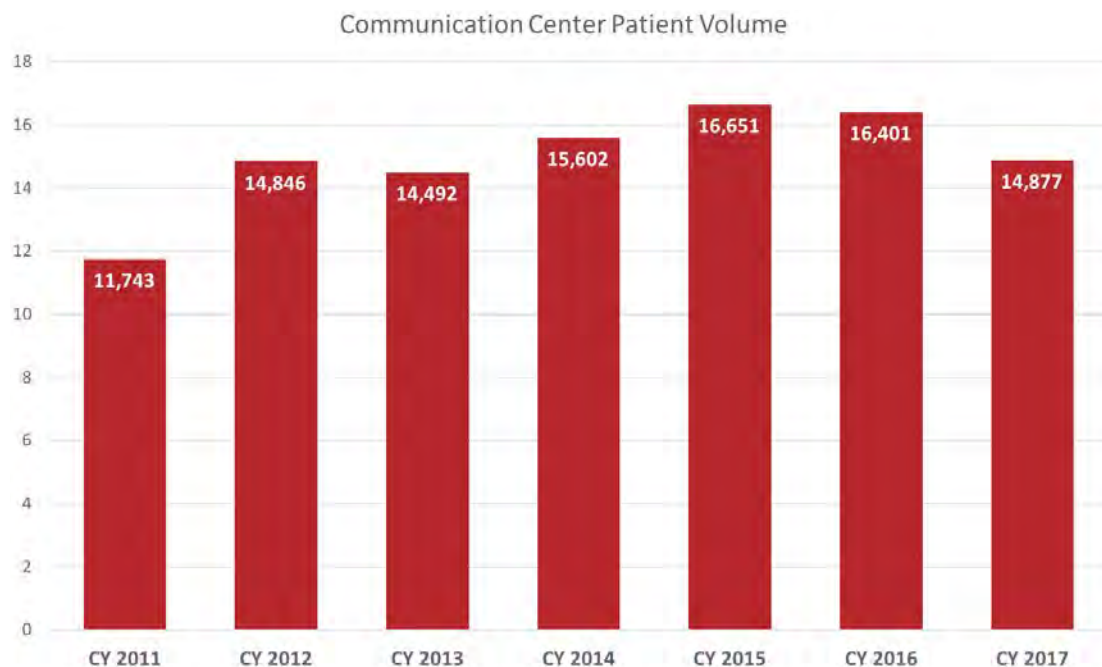
These resources are not readily available across the state, especially in rural areas. Because time is critical for trauma patients, the LCC matches each patient's clinical needs to the resources required for treatment. Often, this requires bypassing the closest hospital to get the patient to the definitive care he/she needs. In 2014, the LCC began providing this same service for patients experiencing two time-sensitive illnesses – stroke and STEMI (heart attack).

The LCC communications infrastructure is designed to interface with the state's current communications technology systems – to support LERN's day-to-day network operations and the statewide interoperability mission in times of disaster.

Hospitals statewide report available resources in the LERN Resource Management screen of Louisiana's ESF-8 portal. A partial sample of this screen is pictured below.

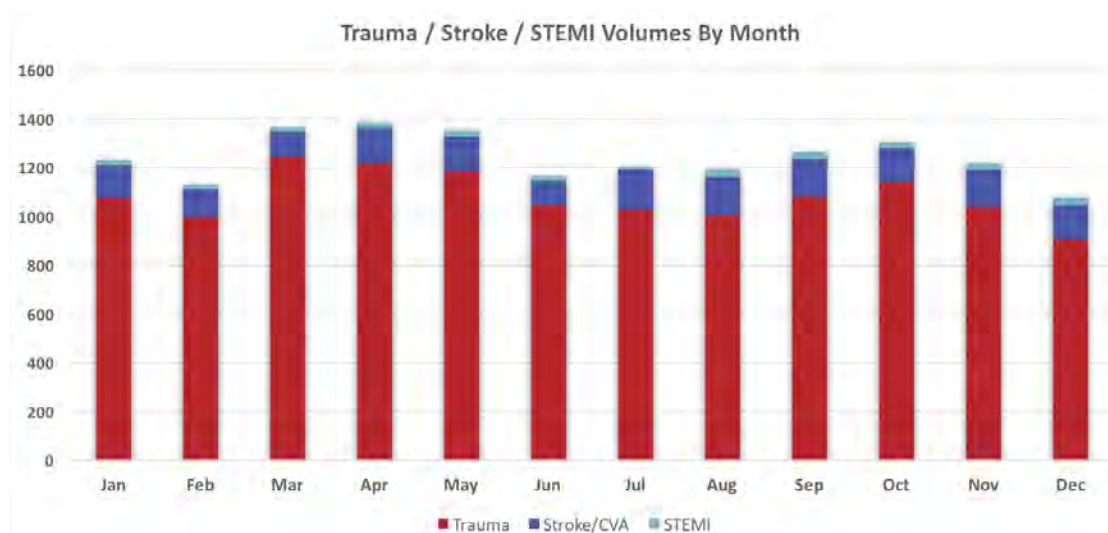
Region 9	Trauma Level	Trauma Program (LERN Use Only)	CT	Gen Surgery	Ortho Surgery	Neuro Surgery
**EDO - Mandeville ED - St. Tammany Parish Hosp Offsite ED	--	--	YES	NO	NO	NO
**EDO - OLOL Livingston	--	--	YES	--	--	--
Hood Memorial Hospital	--	--	YES	NO	NO	NO
Lallie Kemp Medical Center	--	--	YES	YES	NO	NO
Ochsner Medical Center - Northshore	--	--	YES	YES	YES	--
Our Lady of the Angels Hospital	--	--	YES	YES	--	--
Riverside Medical Center	--	--	YES	YES	NO	NO
Slidell Memorial Hospital	--	--	YES	YES	YES	YES
St. Helena Parish Hospital	--	--	YES	NO	NO	NO
St. Tammany Parish Hospital	--	TP3	YES	YES	YES	YES
North Oaks Medical Center	2	--	YES	YES	YES	YES
Lakeview Regional Medical Center	3	--	YES	YES	YES	YES

FIGURE 2
COMMUNICATION
CENTER PATIENT
VOLUME
2011 - 2017



CY: Calendar Year

FIGURE 3
2017
COMMUNICATION
CENTER PATIENT
VOLUME



In addition to routing patients to definitive care, the LCC continues to serve as the “first call” helpdesk and the 24/7/365 information coordinator for unfolding events in Louisiana. This task ranges from resetting passwords so hospitals, nursing homes, and others can report bed statuses during disasters to notifying administration and response teams of events – such as automobile accidents or active shooter incidents. As indicated in **Figures 2 and 3**, trauma patients continue to represent the clear majority of the LCC patient call volume.

PATIENTS IN TRAUMA REGISTRY BY YEAR/ DEATHS PERCENT BY YEAR

LERN Legislation La.R.S. 40:2845 A. (2)(a) states, "the Board shall provide for implementation of a network and plan designed to achieve a reduction of deaths and incidents of morbidity caused by trauma and time-sensitive illnesses." The ability to report outcome measures related to mortality and morbidity requires a comprehensive trauma registry. While LERN has yet to establish a registry that is inclusive of all hospitals providing care to trauma patients, there has been significant improvements in the state trauma registry.

In 2012, there were four facilities reporting data to LERN. In 2016, the number of reporting facilities increased to nine. Trending the registry data over time (2012-2016) indicates that LERN has more injured patients being captured in the registry, but less patients dying from traumatic injuries. Death percent includes patients that arrived to a hospital without signs of life.

FIGURE 4
PATIENTS IN
TRAUMA REGISTRY
BY YEAR,
2012 - 2016

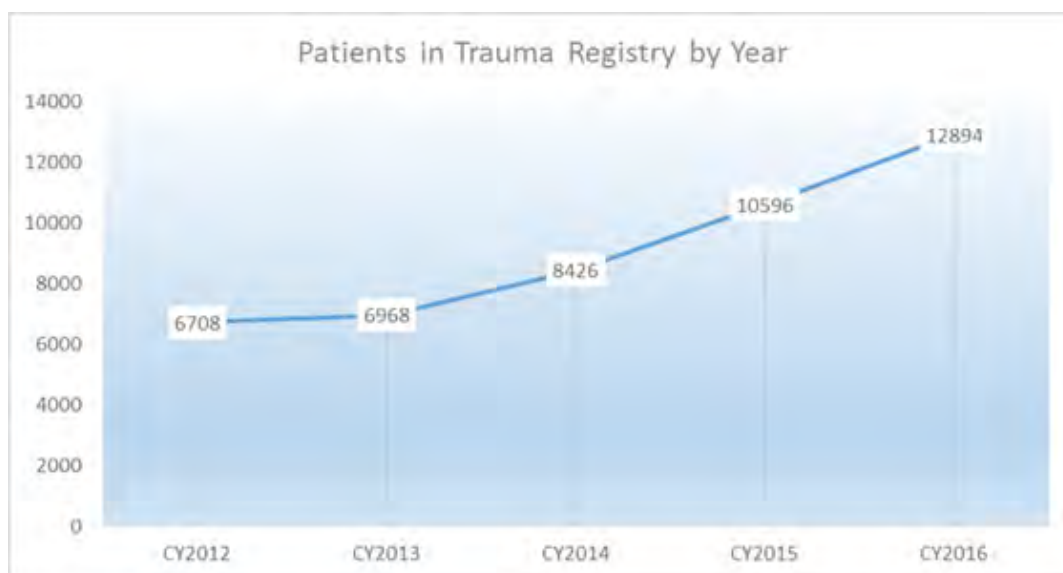
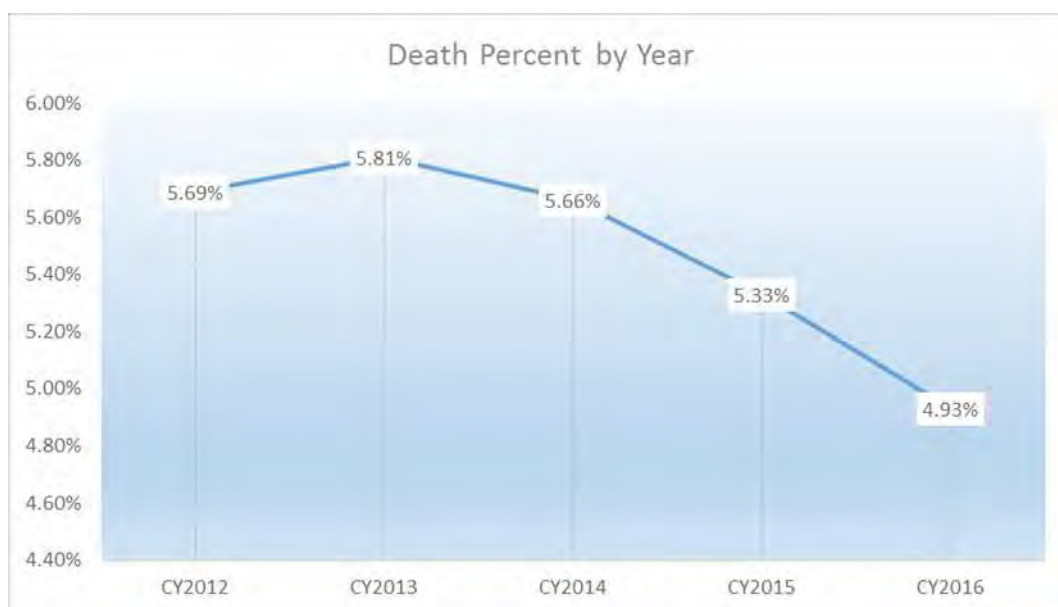


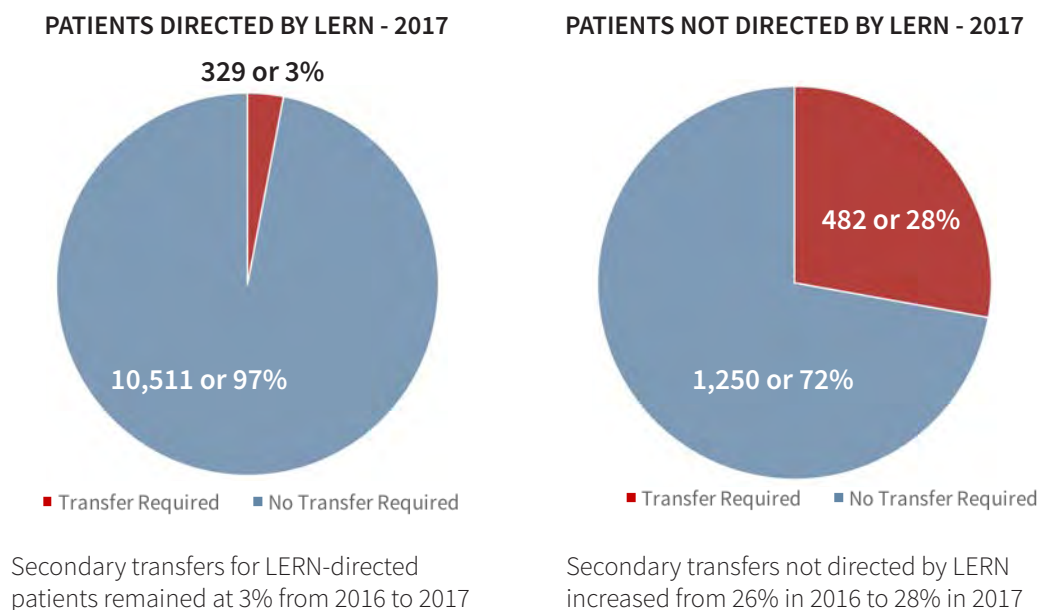
FIGURE 5
DEATH PERCENT
BY YEAR,
2012 - 2016



SECONDARY TRANSFERS

Any transfer of a patient from the original hospital Emergency Department to another hospital to receive a higher level of care is known as a secondary transfer. Secondary transfers are reported to Louisiana Department of Health (LDH) quarterly as part of the LERN performance indicator set. The benchmark is to achieve a target secondary transfer rate of less than 5%. Research indicates that a considerable number of transferred trauma patients undergo potentially preventable, repeated CT scans, adding radiation dose to patients and costs to the healthcare system. More consequently, time is critical for trauma patients, with the ideal treatment within the golden hour. The LCC has consistently reported a secondary transfer rate (of LERN-directed patients) of less than 5%. As shown in **Figure 6**, LERN-directed patients required transfers in only 3% of cases in 2017. A secondary transfer of 28% is reported for trauma patients not directed by the LCC.

FIGURE 6
PATIENTS
REQUIRING
TRANSFER
2017



OUT-OF-REGION TRANSFERS

The LCC also records transfer of patients from a hospital Emergency Department in one LDH region to another to receive medical services/resources not available in hospitals in the region where the initial injury occurred. **Figure 7** indicates the highest numbers of out-of-region transfers are found in Region 3 (Houma/Thibodaux), Region 5 (Lake Charles), and Region 8 (Monroe) which has by far the highest number of out-of-region transfers. There are no state-designated trauma centers in these three regions.

FIGURE 7
OUT-OF-REGION
TRANSFERS
2015 - 2017



TRAUMA EDUCATION

Through the efforts of LERN's Tri-Regional Coordinators, the LERN Regional Commissions, and collaborative partners like the Emergency Nurses Association, the Louisiana Bureau of EMS, Louisiana's trauma centers, and other community stakeholders, LERN has made tremendous progress toward an important strategic goal – to provide trauma training opportunities to providers at all levels and to the public statewide.

In Fiscal Year (FY) 2016 – 2017, LERN provided the education services listed in **Figure 8** below. **Figure 9** is a compilation of educational services proved through LERN from 2012 – 2017.

FIGURE 8
LERN TRAUMA
EDUCATION
FY 2016 – 2017

LERN TRAUMA EDUCATION FY 2016 – 2017			
Course Name	# of Classes	# of Students	Regions
Trauma Nursing Core Curriculum	35	350	All Regions
Emergency Nursing Pediatric Course	5	48	2, 5, 7, 9
Trauma Certified Register Nurse Course	1	80	All Regions
Hemorrhage Control*	11	403 (law enforcement)	1, 2, 3, 4, 7, 8, 9
Totals:	52	881	

* part of LERN's STOP THE BLEED efforts

FIGURE 9
LERN
EDUCATION
FOOTPRINT
2012 – 2017

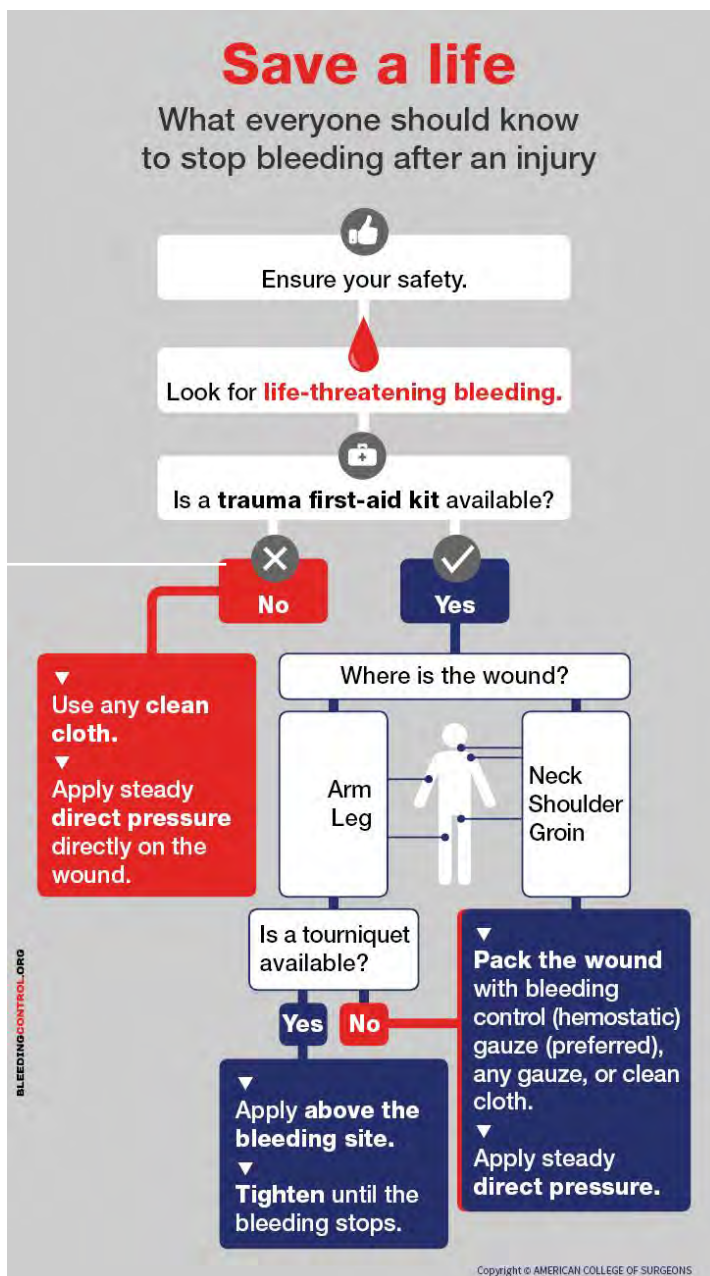
LERN EDUCATION FOOTPRINT 2012 – 2017		
Course Name	# of Classes	# of Students
Trauma Nurse Core Curriculum	136	1,426
Emergency Nurse Pediatric Course (ENPC)	38	369
Rural Trauma Team Development Course (RTTC)	19	524
Pre-Hospital Trauma Life Support	11	162
Trauma & Pediatric Care After Resuscitation (PCAR/TCAR)	6	196
Trauma Certified Registered Nurse	1	80
AIS Course for Trauma Registrars	1	25
12 Lead EKG Course	38	1,144
Hemorrhage Control (law enforcement)	24	783
Total	274	4,709

STOP THE BLEED CAMPAIGN

STOP THE BLEED is a national awareness campaign and call to action launched by the U.S. Department of Homeland Security. The goal of STOP THE BLEED is to promote grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before the professional emergency responders arrive.



Motivated by the 2012 tragedy in Sandy Hook and the multiple tragedies that have occurred in the ensuing years, what has become known as the Hartford Consensus was convened to bring together leaders from law enforcement, the federal government, and the medical community to improve survivability from mass casualty events. The resulting injuries from these events generally present with severe bleeding which, if left unattended, can result in death. The participants of the Hartford Consensus concluded that by providing first responders (law enforcement) and civilian bystanders the skills and basic tools to stop uncontrolled bleeding in an emergency situation, lives would be saved.



Pictured Right: American College of Surgeons Save a Life Chart.

LERN is playing a leading role in the STOP THE BLEED effort across Louisiana. All nine of the LERN Regional Commissions are working to implement STOP THE BLEED in their regions. LERN's role will include presentations and a comprehensive webpage promoting awareness of STOP THE BLEED, train-the-trainer and training support services, and fundraising to allow LERN to provide training supplies, bleeding control kits, and bleeding control stations as funding allows.



Agencies, organizations, and individuals interested in joining Louisiana's STOP THE BLEED effort can contact the LERN office for more information and to discuss how to get involved.

Phone: 225-756-3440 | email: paige.hargrove@la.gov | lern.la.gov



Pictured Left: Patrolman Monroe Addison of the Kentwood Police Department practices putting on a tourniquet.

Pictured Right: Students learn to apply tourniquets during STOP THE BLEED class at Lafayette High School.

“ Officer survival being the absolute most important issue, this class will increase officer survival exponentially. I have participated in several of these types of classes over the last few years, and believe this to be one of the better classes. The material is presented in a fashion that is fast enough to keep the attention, and slow enough that the student does not get overwhelmed by the information. I was so impressed with the class instruction that I have plans to make this required training for all UPSO personnel for the 2018 calendar year. ”

SGT. KEN SLOCUM

UNION PARISH SHERIFF'S OFFICE

Pictured right:

Region 1 Commission conducts Stop the Bleed Instructor Course

Pictured Left to Right: Frank Graff, Dr. Joseph Uddo (Commission Chairman), Steve Gordon (Commission Secretary), and Dr. Alan Marr (Commission Member).



ALL DISASTERS RESPONSE UPDATE

IV

A MESSAGE FROM

JIMMY GUIDRY, MD

LDH STATE HEALTH OFFICER & LERN BOARD MEMBER

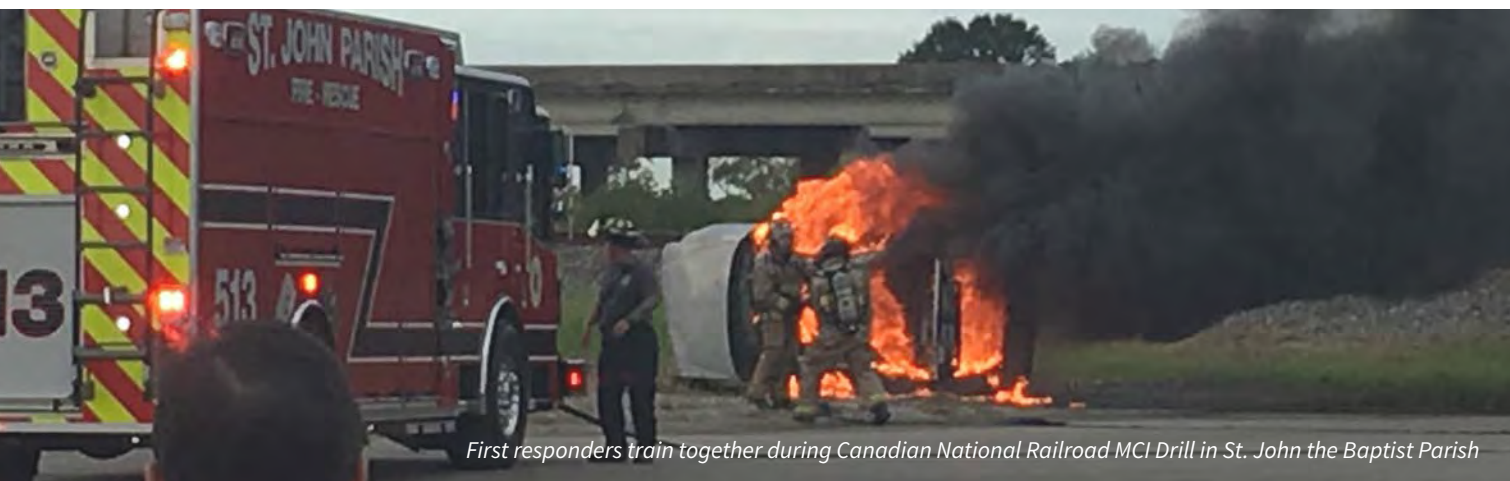


In LERN's 2016 Annual Report, my message included this statement – LERN played an active management role in 150 mass casualty incidents (MCIs) in 2016. This year I am happy to report that number is down – LERN played an active management role in 109 MCIs in 2017. Hopefully, that number will shrink even more in 2018 but I have no doubt it will be a significant number again next year.

Disasters happen – flash floods, tornadoes, industrial accidents, fires, crashes involving multiple motor vehicles or buses, mass shootings, explosions, pandemics, structure collapses, and acts of terrorism. We do not know the day or the time or the location, but we do know some type of mass casualty incident will occur somewhere in Louisiana every three to five days on average. We cannot avoid all these threats to our health and our safety – so it is essential we prepare, as best we can, for them.

LERN is a key asset in Louisiana's all disasters response infrastructure. LERN's roles include gathering basic facts about an unfolding incident; communicating alerts to health care providers, state emergency preparedness personnel, and local agencies; coordinating scene management with responding agencies and organizations; and directing patient movement to the most appropriate and available care.

All disasters response is a team effort that requires the coordination of available resources and the collaborative work of state agencies, local agencies, and municipalities, healthcare providers, and private organizations. LERN meets with and trains and drills with relevant agencies and organizations year-round to make sure we are ready for the next one – no matter the day or the time or the location.



First responders train together during Canadian National Railroad MCI Drill in St. John the Baptist Parish

LERN'S ROLE DURING MASS CASUALTY INCIDENTS (MCI)

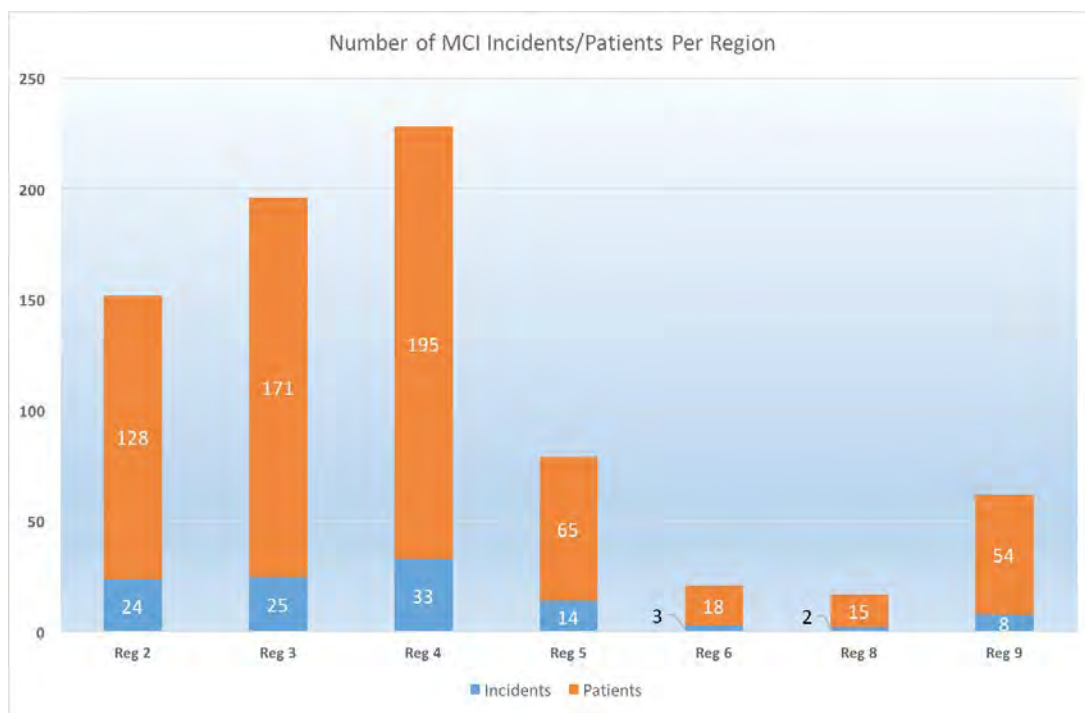
As previously mentioned, the LCC serves at the First Call “Help Desk” and 24/7/365 information coordinator for unfolding events. LERN also continues to manage the EMS tactical operating center during disasters.

Last year, LERN assisted with MCI events in almost every region of the state with the largest number of incidents in Region 4 (Lafayette area). In FY 2016 - 2017, the LCC managed 109 MCI events statewide involving 646 patients.

The LCC is responsible for multiple roles in an event that include:

- Receiving information of the incident
 - Type of incident
 - Location
 - Patients and injuries
 - Pertinent details (hazmat material, safety of scene, effect on surrounding area)
 - Responding agencies and resources
- Alerts to appropriate hospitals and state emergency preparedness personnel of event and updated information as necessary
- Coordination of scene management with responding agencies
- Destination coordination with responding agencies and receiving facilities
- Coordination of transferring patients to definitive care when necessary

FIGURE 10
MASS CASUALTY
INCIDENTS
2016 – 2017



First responders train and prepare response strategies during MCI Drill at the Baton Rouge Metropolitan Airport. Participating organizations included: Baton Rouge Metropolitan Airport, Louisiana State Police, Baton Rouge Fire, East Baton Rouge EMS, Acadian Ambulance, Mayor's Office of Homeland Security and Emergency Preparedness, Office of Public Health, and Region 2 Healthcare Emergency Preparedness Coalition Members.



Each year, LERN is invited to participate in a variety of planning exercises, drills, and education programs that are sponsored by local, regional, and state entities. These preparatory efforts serve to strengthen Louisiana's all disasters response infrastructure.

Course Name	Region	Event Type
Full Airport MCI Drill – Baton Rouge Airport	2	Drill
Active Shooter Drill – Lady of the Sea Hospital	3	Drill
Acadian Ambulance Annual Boot Camp (2 days)	4	Drill
Concordia Parish Multiple Patient MVC Drill	6	Drill
Citizens Medical Center – Organophosphate Poisoning Drill	8	Drill
West Monroe MVC Bus Crash – Drill patient movement	8	Drill
Amtrak Passenger Train Full Scale Exercise	9	Drill
R4 Coalition Hurricane/Functional Exercise	4	Exercise
PCA Plant Explosion – DeRidder	5	Real Event
MVC/Bus Crash – Greensburg	9	Real Event
HasTran 17/Hazmat Training – Zachary	2	Tabletop
R5 Coalition/No-notice Table Top Exercise	5	Tabletop

STROKE SYSTEM UPDATE

V

A MESSAGE FROM

SHERYL MARTIN-SCHILD, MD, PHD, FANA, FAHA
LERN STROKE MEDICAL DIRECTOR

Since endovascular therapy in the form of mechanical thrombectomy was declared “standard of care” for the treatment of acute ischemic stroke due to proximal large vessel occlusion (LVO) in 2015, LERN has been working with its stakeholders to 1) provide the necessary education and training to identify potential candidates for this function-saving and time-sensitive treatment, 2) revise the initial destination protocol to route patients with suspected LVO to hospitals providing access to mechanical thrombectomy without compromising time to thrombolytic, and 3) monitor EMS performance and results of LVO screening.

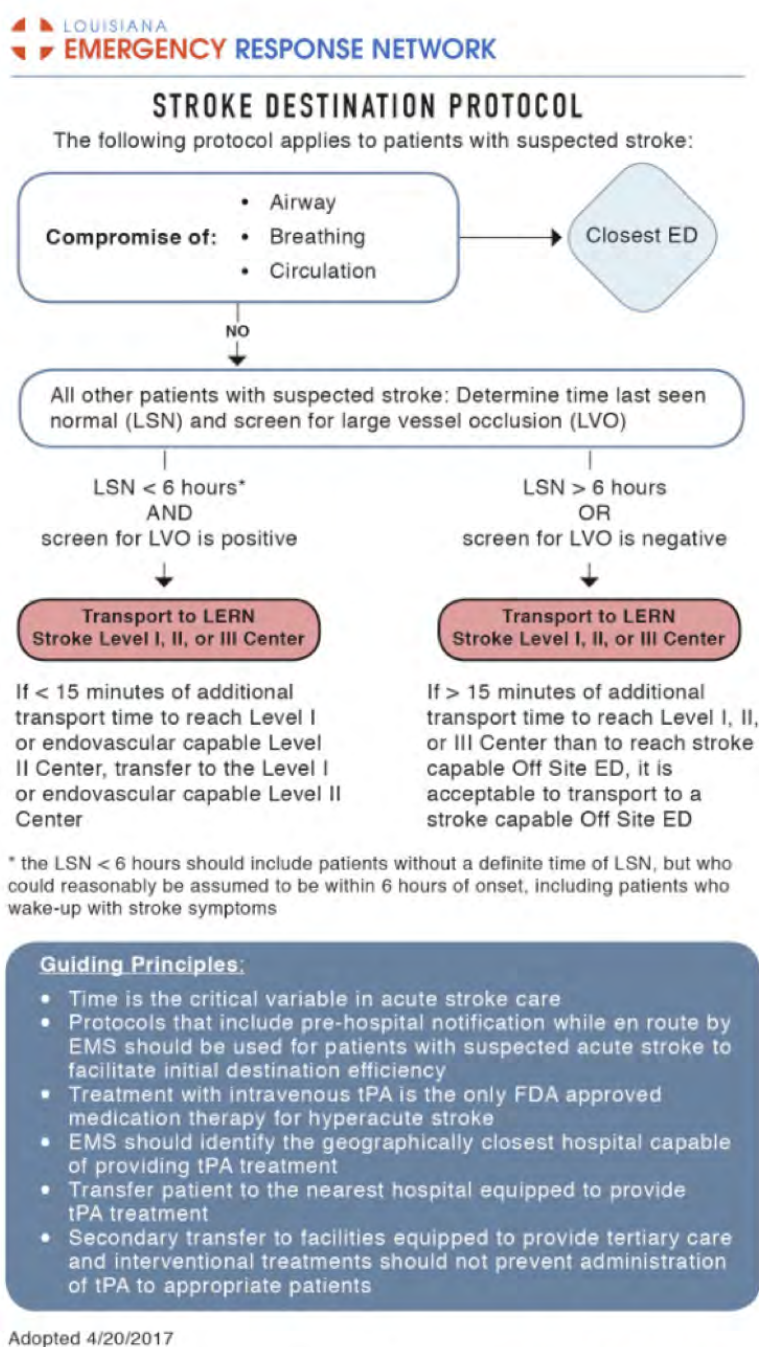
As 2017 came to an end, LERN’s attention shifted to the review of aggregated Level III Stroke Center quarterly data. While Level I and II Stroke Centers are held accountable by national certifying bodies for the quality of provided stroke care, Level III Stroke Centers are self-attested as such. Level III Stroke Centers need to provide efficient evaluation and treatment to patients with stroke given our reliance on these centers, which outnumber Level I and II Stroke Centers 3:1, to fill the gaps in access to higher level centers. Aggregated data indicated that many Level III Stroke Centers have room for improvement and several others are poised to move forward to higher level certification. Enhanced accountability will result from required participation in LERN Stroke Quarterly Data submission, action plans for consistent deficiencies, and monthly mock codes for hospitals with low acute stroke volume. LERN is anticipated to bring greater progress in 2018 toward its vision to build Louisiana’s stroke system of care.



Since the publication of positive endovascular trials in early 2015, which demonstrated efficacy of endovascular therapy (EVT) with thrombectomy for proximal large vessel occlusions (LVO), LERN had worked to identify Louisiana's resources for providing EVT, evaluated methods for pre-hospital clinical screening for LVO, and implemented a protocol for pre-hospital routing of patients with suspected LVO based on the American Stroke Association's Mission:Lifeline Stroke algorithm. The algorithm sought to balance the benefits of rapid, early access to EVT for patients with suspected LVO with the potential harm of delayed initiation IV alteplase.

The State Stroke Workgroup reviewed the algorithm and incorporated necessary changes to the LERN Destination Protocol: Stroke (**Figure 11**). This protocol only calls for bypass of a LERN Level II or Level III Stroke Center if the additional transport time does NOT add greater than 15 minutes to reach an endovascular capable hospital. This protocol was adopted by the LERN Board at the April 20, 2017 meeting and was promulgated into rule September 20, 2017 (LAC 48.I.19303).

FIGURE 11
STROKE
DESTINATION
PROTOCOL

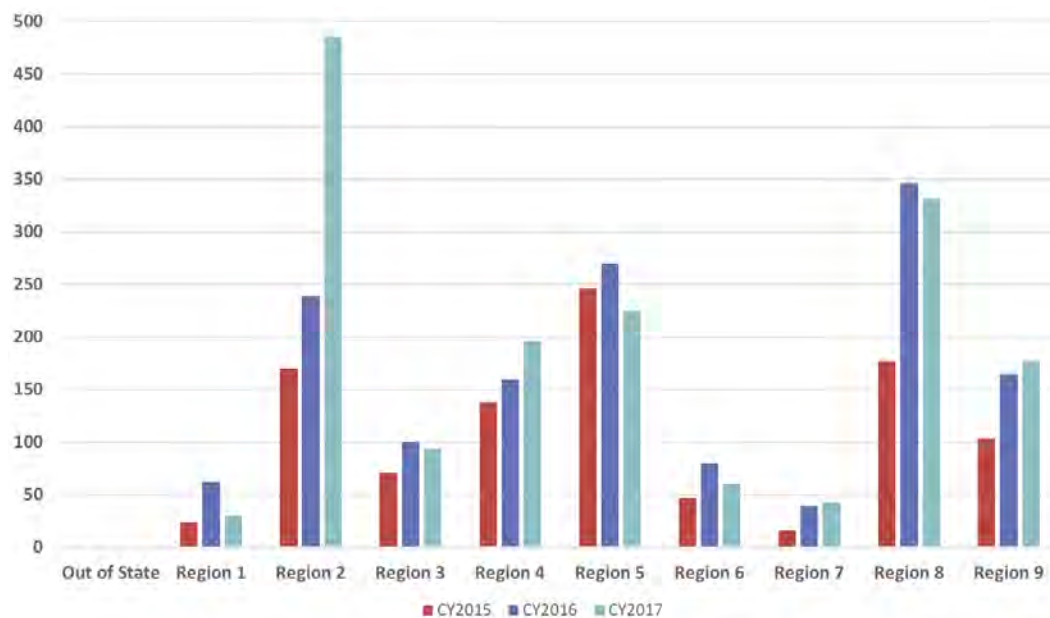


LERN Communication Center: 1-866-320-8293

STROKE PATIENTS ROUTED BY LERN CALL CENTER

Engagement of the LCC facilitates patient's delivery to the most appropriate hospital for treatment. The number of stroke patients routed by the LERN Call Center (LCC) increased by 25% in CY 2017 as compared to CY 2016.

FIGURE 12
STROKE PATIENTS
BY REGION
RECEIVED
2015 – 2017



Comprehensive **STROKE** Webinar Series

Full series archive available online



The Comprehensive Stroke Webinar Series, created by the LERN Statewide Stroke Workgroup, is an educational webinar series developed to provide stroke education to medical professionals across the state. View the full video archive on the LERN website.

STROKE EDUCATION

Much of the stroke education this year has focused on the new stroke destination protocol and how to assess for large vessel occlusion utilizing the VAN Assessment (VAN = Vision, Aphasia, and Neglect). LERN provided laminated cards to all EMS agencies in the state. These cards have the stroke destination protocol on one side and instructions for the VAN assessment on the back side. The “Stroke Assessment and Triage for Large Vessel Occlusion” webinar is posted on the LERN Website.



Table 1 Vision, aphasia, neglect emergent large vessel occlusion screening tool

Stroke VAN

How weak is the patient?	<input type="checkbox"/> Mild (minor drift)
Raise both arms	<input type="checkbox"/> Moderate (severe drift - touches or nearly touches ground)
	<input type="checkbox"/> Severe (flaccid or no antigravity)
	<input type="checkbox"/> Patient shows no weakness.
	Patient is VAN negative
(exceptions are confused or comatose patients with dizziness, focal findings, or no reason for their altered mental status then basilar artery thrombus must be considered; CTA is warranted)	
Visual disturbance	<input type="checkbox"/> Field cut (which side) (4 quadrants)
	<input type="checkbox"/> Double vision (ask patient to look to right then left; evaluate for uneven eyes)
	<input type="checkbox"/> Blind new onset
	<input type="checkbox"/> None
Aphasia	<input type="checkbox"/> Expressive (inability to speak or paraphasic errors); do not count slurring of words (repeat and name 2 objects)
	<input type="checkbox"/> Receptive (not understanding or following commands) (close eyes, make fist)
	<input type="checkbox"/> Mixed
	<input type="checkbox"/> None
Neglect	<input type="checkbox"/> Forced gaze or inability to track to one side
	<input type="checkbox"/> Unable to feel both sides at the same time, or unable to identify own arm
	<input type="checkbox"/> Ignoring one side
	<input type="checkbox"/> None

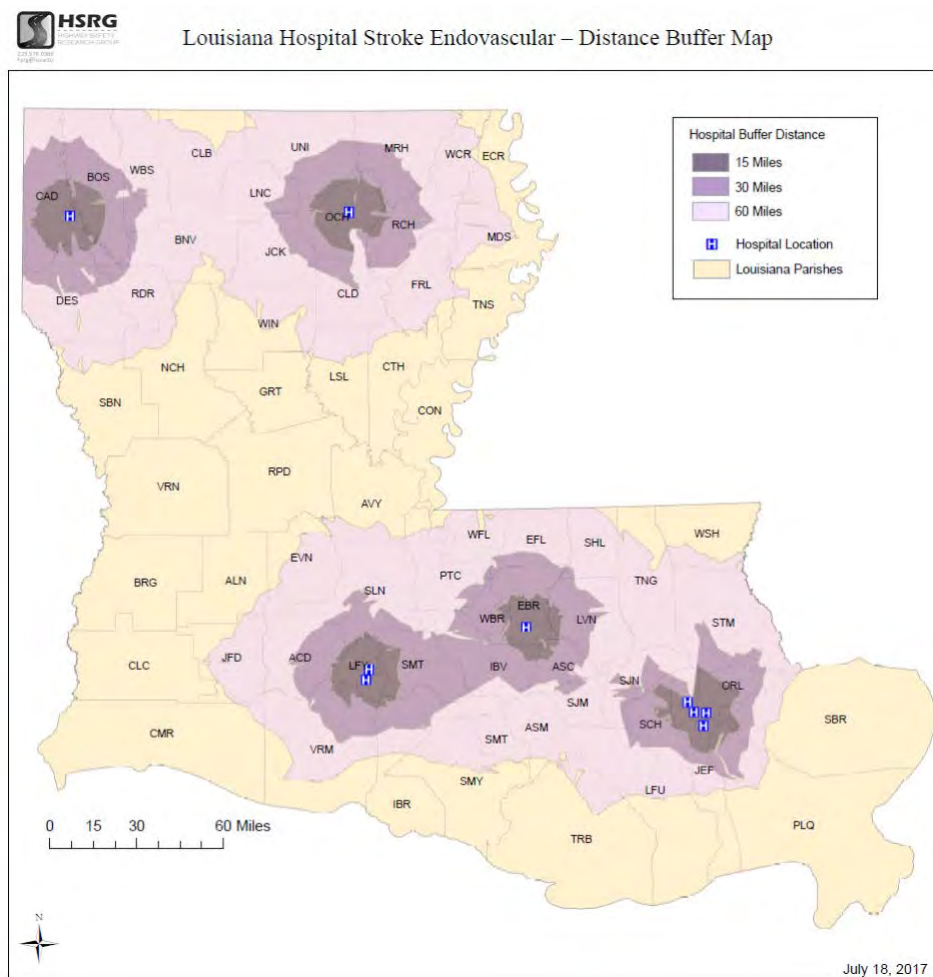
Patient must have weakness plus one or all of the V, A, or N to be VAN positive. VAN positive patients had 100% sensitivity, 90% specificity, positive predictive value 74%, and negative predictive value 100% for detecting large vessel occlusion. CTA, CT angiography; VAN, vision, aphasia, and neglect.

Source: Teleb MS, Ver Hage A, Carter J, et al. J NeuroIntervent Surg Published Online First: doi:10.1136/neurintsurg-2015-012131

FIGURE 13
STROKE
VAN CARD

Considering that ischemic stroke outcome is greatly influenced by endovascular removal of the clot that is causing a large vessel occlusion, LERN surveyed endovascular resources across the state to identify hospitals that have this capability. LERN developed the following map to assist EMS and hospitals in identifying this scarce resource:

FIGURE 14
STROKE
PATIENTS BY
REGION
RECEIVED



The ESF-8 portal was also updated to reflect endovascular capability. Hospitals update the portal with their endovascular capability as not all hospitals have this resource 24/7/365. The LERN Call Center utilizes this resource to route patients to definitive care pre-hospital or in transfer from one emergency department to another.

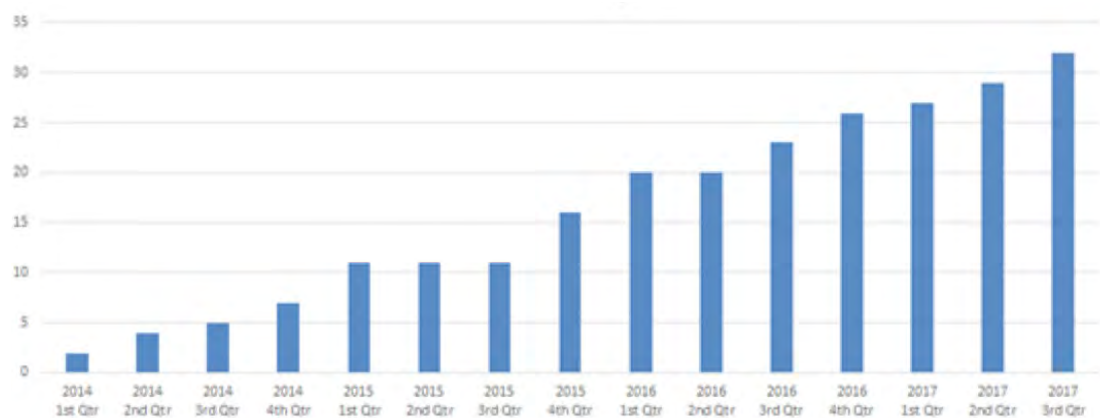
The following hospitals have endovascular capability:

STROKE ENDOVASCULAR CAPABILITY			
Region	Hospital Name	Stroke Level	Endovascular Capability
1	Tulane Medical Center	I	24/7
1	Ochsner Medical Center (Main Campus)	I	24/7
1	West Jefferson Medical Center	II	24/7
1	East Jefferson Medical Center	II	24/7
2	Our Lady of the Lake Regional Medical Center	II	Intermittent
4	Lafayette General Medical Center	II	Intermittent
4	Our Lady of Lourdes Regional Medical Center	II	Intermittent
7	University Health Shreveport	II	24/7
8	St. Francis Medical Center	III	Intermittent

STROKE QUALITY IMPROVEMENT

Since quarter 1 2014, quarterly stroke data submission has been voluntary as a means of meeting criterion #12 for Level III Stroke Center status. Participation has increased over the last four years:

FIGURE 15
STROKE
CENTERS
SUBMITTING
DATA TO LERN



There are 53 Level III Stroke Centers. LEVEL III Stroke Center Data submission to LERN:

- 34 hospitals submit to LERN – 64%
- 11 hospitals utilize Get With the Guidelines – 21% (nothing currently submitted to LERN)
- 8 hospitals do not submit data to LERN or Get With the Guidelines – 15%

The yearly and aggregated data were presented to the LERN Board. Many hospitals have demonstrated remarkable improvements in one or more efficiency metrics in the stroke codes. Others have struggled in one or more metrics. In an effort to ensure that all Level III Stroke Centers operate as such, the LERN Board approved new requirements aimed at bringing all Level III centers to benchmark. The routing protocol recognizes Level III centers as appropriate initial destination based on the attestation that the hospital can evaluate and treat patients with suspected stroke based on time benchmarks 24/7/365.

NEXT STEPS

The following are Board-approved recommendations currently being implemented across the state.

1. Hospitals with low volume defined by LERN as fewer than six patients presenting < 2 hours from last seen normal per quarter will be required to perform and submit documentation of mock stroke codes at least monthly.
2. Hospitals demonstrating door-to-needle (DTN) times in the highest quartile will be required to submit an action plan which details the current process/protocol, barriers to achieving the benchmark of DTN of 60 minutes, steps to be taken to overcome the barriers, and the process for monitoring progress.
3. Hospitals demonstrating consistent prolongation (by more than 10 minutes and/or times in the highest quartile) in any of the following will be required to submit an action plan which details the current process/protocol, barriers to achieving the benchmark, steps to be taken to overcome the barriers, and the process for monitoring progress:
 - Door-to-Emergency Department physician
 - Door-to-neurological expertise
 - Door-to-CT performed
 - Door-to-CT interpreted
 - Door-to-labs resulted
4. Data submission to LERN is no longer optional. All Level III Stroke hospitals must submit quarterly data to LERN. Hospitals using GWTG-Stroke are encouraged to continue to do so and can utilize their Get With the Guidelines-Stroke data to abstract the quarterly data for submission to LERN.

STEMI SYSTEM UPDATE

VI

A MESSAGE FROM

MURTUZA ALI, MD

LERN STEMI MEDICAL DIRECTOR



STEMI (ST-elevation myocardial infarction) is the deadliest form of heart attack. In 2016-17, LERN's efforts at developing a system of care for STEMI patients in Louisiana continued to flourish. Our voluntary data-sharing agreement through the American College of Cardiology's National Cardiovascular Data Registry is in place between LERN and eleven STEMI Receiving Centers across Louisiana; data from this registry confirm that participating hospitals in Louisiana provide care to STEMI patients at a level consistent with national standards, with excellent clinical outcomes. We hope to continue recruiting hospitals to participate in data-sharing to drive performance improvement across the state, though specifics of the data tool will continue to be evaluated to ensure the greatest use of hospital and LERN resources to maximize the quality of patient care.

Our efforts at prehospital electrocardiography (EKG) education continue to thrive. We completed twelve sessions this fiscal year covering seven regions of the state, all with extremely favorable feedback. Further sessions are being scheduled in early 2018 and will continue thereafter.

Through our gap analysis, conducted initially in 2011 and repeated in 2016, we have identified data sharing and EKG education as areas of potential development for our state. We will continue to direct our efforts on these focus areas and collaborate with the LERN regional commissions to provide targeted information and education as appropriate for each community.

2018 promises to be another successful year in our development of a systems of care for STEMI patients; we look forward to continued work on this mission.



STEMI SYSTEM UPDATE

LERN continues to facilitate the development of Louisiana's statewide ST-elevation myocardial infarction (STEMI) care system that includes STEMI Receiving Centers and STEMI Referral Centers, based on guidelines established by the American Heart Association's Mission Lifeline.

The core components of this system are:

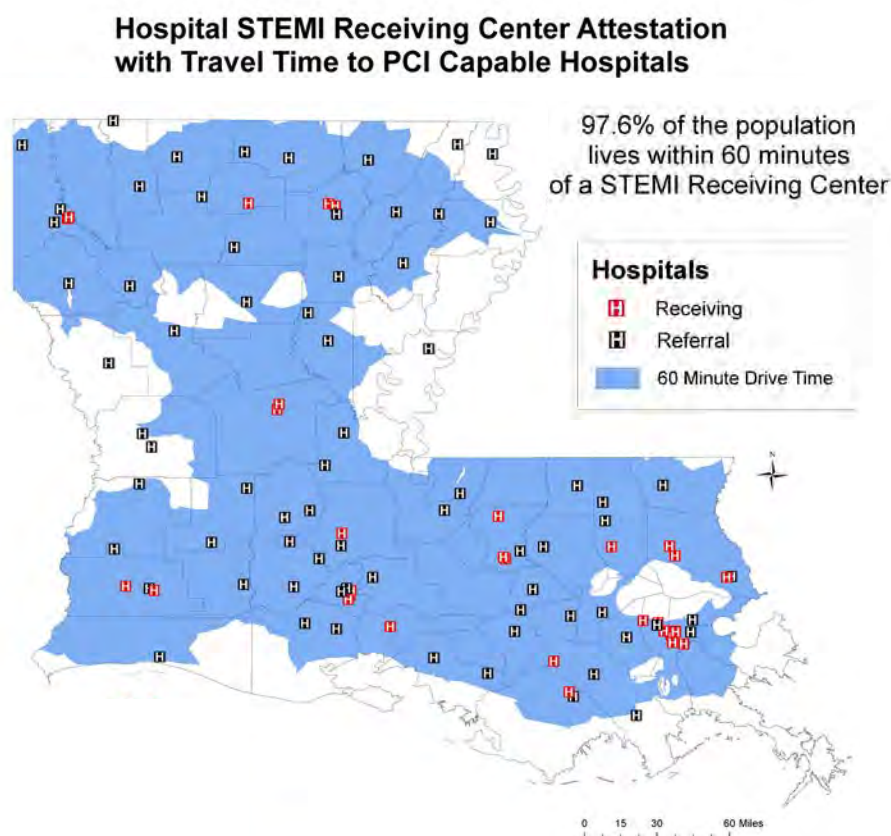
- **EMS:** Prehospital performance of electrocardiograms (ECGs), recognition of STEMI; appropriate triage of patients to hospitals most capable of caring for these patients in guideline-recommended timelines.
- **STEMI Referral Center:** Recognition of patients self-presenting to Referral Centers with STEMI; treatment with thrombolytic (clot busting) medications or rapid transport to STEMI Receiving Centers using pre-established transfer protocols for primary angioplasty.
- **STEMI Receiving Center:** Treatment of STEMI patients with primary angioplasty under 90 minutes (primary presenters) or 120 minutes (transfer patients); commitment to data review and performance improvement; participation in state-wide registry.

CEO attestation in 2017 reflects no change in the status of hospital's capability to treat STEMI patients across the state. There are 39 STEMI Receiving Centers and 65 STEMI Referral Centers in Louisiana. Nearly 97% of the population has access to a STEMI Receiving Center within a 60-minute drive time and should be preferentially routed to a Receiving Center if this timeline can be achieved using available local EMS resources.

Barret Bernard, NRP reviews essential interpretation skills during a LERN EKG Course at the St. Charles Parish Sheriff's Complex



FIGURE 16
STEMI TRAVEL
TIMES MAP



The 12-Lead EKG course which has been taught in all LDH Regions.

12-Lead EKG Education Courses CY 2015 - 2017			
Year	Classes	Students	Regions
2015	9	272	1, 6, 7
2016	17	545	1, 2, 3, 6, 7, 9
2017	12	327	1, 3, 4, 5, 6, 7, 8
TOTALS:	38	1,144	

NEXT STEPS

Our efforts will continue to focus on education (primarily of pre-hospital providers in the recognition of STEMI), advocacy for appropriate routing of STEMI patients to PCI-capable facilities, and encouragement for participation in a state-wide registry of PCI centers for data collection and performance improvement. The move by AHA's Mission: Lifeline away from ACC/NCDR's ACTION registry has caused us to pause a little bit while we regroup and re-create the data-sharing agreements but we remain motivated to get all PCI centers sharing data using a unified platform for quality improvement purposes. We look forward to continuing our important work in 2018.

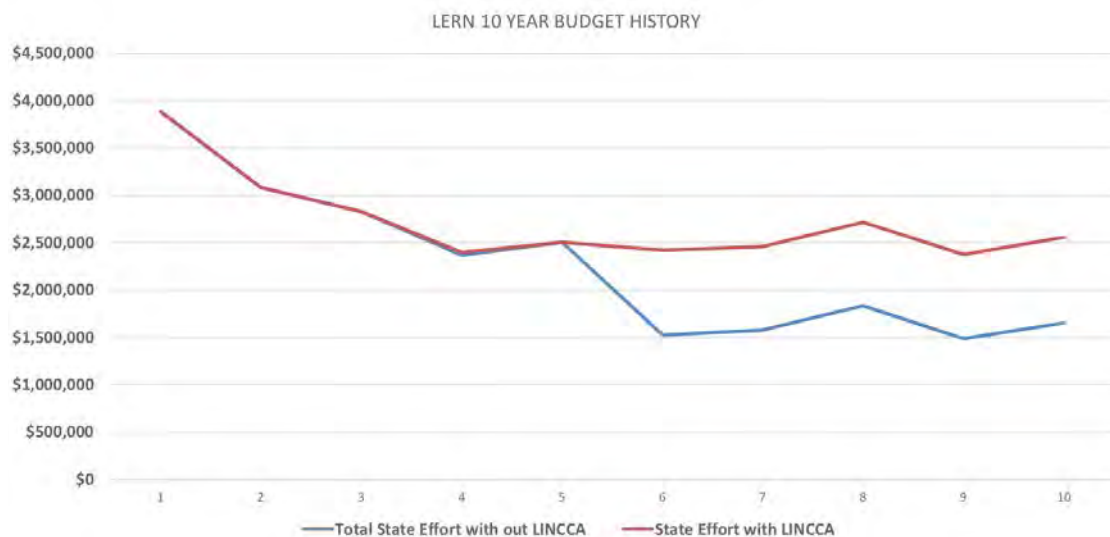
FINANCIALS

VII

FUNDING

LERN funding today comes from two relatively unstable sources – the state general fund (SGF) and federal LINCCA (Low-Income and Needy Care Collaboration Agreement) funds. Since fiscal year ending 2009, total LERN funding has decreased by 36% from approximately \$3.9 million in FYE 2009 to approximately \$2.5 million in FYE 2017. During that same time period state general funds to LERN have decreased 59% from approximately \$3.9 million to \$1.6 million. The following chart illustrates these declines.

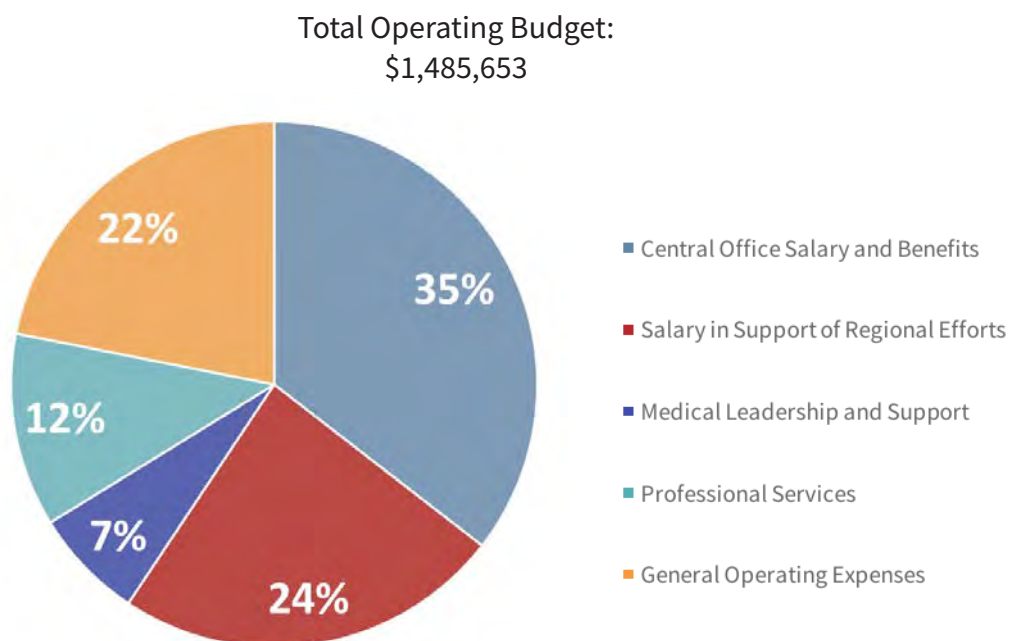
FIGURE 17
LERN 10 YEAR
BUDGET
HISTORY



CURRENT OPERATIONS

Current funding supports operations across LERN's four distinct areas of focus – trauma, stroke, STEMI (the deadliest form of a heart attack), and all disasters response.

FIGURE 18
OPERATING
BUDGET



PERFORMANCE INDICATORS

VIII

PERFORMANCE INDICATORS – FY 2015 – 2016

In FY 2016 – 2017, LERN reported four Performance Indicators in the Louisiana Performance Accountability System (LaPAS). These indicators are part of LERN's Quality Measurement System. They are tied to participation by healthcare providers in the prehospital and hospital settings and LERN's ability to direct traumatically injured patients to definitive care.

LERN obtains signed agreements of understanding with regional hospitals and EMS agencies to ensure compliance with LERN protocols as set forth by the LERN Board of Directors.

PERFORMANCE INDICATOR 1:

This indicator reports the percentage of hospitals having emergency room services that participated in LERN in FY 2016 – 2017.

- **114** (hospitals participating)/**116** (total number of hospitals) = **98.3%**

PERFORMANCE INDICATOR 2:

This indicator reports the percentage of EMS agencies that participated in LERN in FY 2016 – 2017.

- **31** (EMS participating)/**54** (total number of EMS agencies) = **57.4%**

PERFORMANCE INDICATOR 3:

This indicator reports the percentage of time where traumatically injured patients that were directed by LERN to an Emergency Department for definitive care did not require transfer to another facility for higher level resources. This data is reflective of FY 2016 – 2017.

- Total patients directed by LERN = **11,649**
- Total patients transferred = **340**
- Percent of LERN directed patients not requiring transfer = **97.1%**

PERFORMANCE INDICATOR 4:

This indicator reports the percentage of EMS agencies that submit data to the State EMS Registry.

- **30** (EMS participating)/ **54** (total number of EMS agencies) = **56%**

REGIONAL COMMISSIONS

IX

LERN is organized into nine geographic regions, and efforts in each region are guided by a regional commission – a regional advisory board of key trauma and time-sensitive illness stakeholders. LERN Regional Commission meeting dates can be found on the LERN website at lern.la.gov.

LERN TRI-REGIONAL COORDINATORS

Each region has an assigned LERN Tri-Regional Coordinator who serves as a resource to its commission and a liaison to the LERN staff, medical directors, and Board of Directors.

For more information about LERN Regional Commissions, please contact your Tri-Regional Coordinator.

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